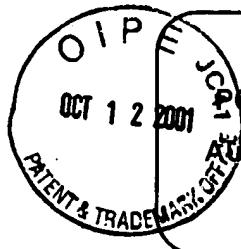


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	09/905,536
Filing Date	July 13, 2001
First Named Inventor	Jerald P. Dykstra
Group Art Unit	2881
Examiner Name	
Attorney Docket Number	11460-111

I hereby appoint:

 Practitioners at Customer Number

26486

OR

 Practitioner(s) named below:

Name	Registration Number

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

 Applicant. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name *Jerald P. Dykstra*Signature *Jerald P. Dykstra*Date *October 4, 2001*NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.* *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.